

## Employee History File Correction Request

**Instructions:** Complete form, **attach documentation**, and send to:

Or, Fax to (517) 373-3867  
Please refer any questions to (517) 373-1818

Department of Civil Service  
Human Resource Services — Applicant Assessment  
Capitol Commons Center — Third Floor  
400 South Pine Street, P.O. Box 30002  
Lansing, MI 48909

<b>DEPARTMENT</b>		<b>CONTACT PERSON</b>	
<b>COMPLETE MAILING OR ID MAIL ADDRESS</b>		<b>PHONE NUMBER</b>	
<b>APPOINTING AUTHORITY'S OR DESIGNEE'S SIGNATURE</b>		<b>DATE</b>	
<b>EMPLOYEE'S NAME</b>	<b>SOCIAL SECURITY NUMBER</b>	<b>EMPLOYEE NUMBER</b>	
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(For multiple corrections of the same type, attach a separate sheet listing the employees' names, social security numbers, and employee numbers.)			

**REASON FOR CHANGE AND REQUESTED SOLUTION** (Attach required documentation; e.g., ZH104 from HRMN, employment list or applicant pool requisition, grievance decision, etc.):

**DO NOT WRITE BELOW THIS LINE (For Civil Service Use Only)**

- [ ] The changes requested have been completed. Please verify the accuracy of the changes made.
- [ ] Your request is being returned for additional information. Please provide: \_\_\_\_\_
- [ ] Other: \_\_\_\_\_

Prepared by: \_\_\_\_\_ Phone No. \_\_\_\_\_ Date: \_\_\_\_\_